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Form **990** 

Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

OMB No 1545-0047

2013

Open to Public Inspection

A Fo	r the 2	2013 cal		g 01-01-2013 , 2013, and ending 12-	31-2013	T		
		pplicable	C Name of organization CHARITY WORKS INC			D Employ	er iden	tification number
Add	ress ch	nange	Doing Business As			59-33	34413	
☐ Nar	me chai	inge	Doing Business As					
┌ Inıt	ıal retui	ım	Number and street (or P O box if m	nail is not delivered to street address) Room/si	uıte	E Telephor	o numb	nor.
┌ Ter	mınated	ed .	635 COURT STREET SUITE 130	1		т генериог	ie namb	ei
☐ Am	ended i	return	City or town, state or province, cour	ntry, and ZIP or foreign postal code		(727)	147-20	064
_		n pending	CLEARWATER, FL 33756	,,				
, <sub>7</sub>	nication	r pending		1 66	1	<b>G</b> Gross re		
			F Name and address of prir CHRIS R RENFROW	icipal officer		is a group i rdinates?	return f	for ┌ Yes ┌ No
			635 COURT STREET SUITE	130	Subo	rumates '		) 1 es j* 110
			CLEARWATER,FL 33756		<b>H(b)</b> Are	all subordın	ates	┌ Yes ┌ No
						ded?		
<u>I</u> 1a:	x-exem	npt status	<b>&gt;</b> 501(c)(3)   501(c)( ) ◀ (	Insert no ) 4947(a)(1) or 527	If "N	o," attach	alist (	see instructions)
J W	ebsite	e:► WW	W CHARITYWORKS ORG		H(c) Gro	up exempti	on num	nber 🟲
K Forn	n of ord	ganization	Corporation Trust Associatio	n Cother ▶	L Year of fo	mation 199	6 <b>M</b> 9	State of legal domicile FL
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			escribe the organization's mission	on or most significant activities				
	1	,	THOSE WHO HELP OTHERS	or most significant detivities				
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Governance	2 (	Cneck tr	is box 🖣 If the organization dis	scontinued its operations or disposed	or more than a	25% OF ITS	net ass	sets
	3 1	Number	of voting members of the govern	ing body (Part VI, line 1a)		.	з	6
Activities &	l			of the governing body (Part VI, line 1b			4	5
Ě				calendar year 2013 (Part V, line 2a)	-		5	2
ਓ	l			ecessary)			6	128
⋖	l			art VIII, column (C), line 12			7a	0
	I			rom Form 990-T, line 34			7b	
				,		or Year		Current Year
	8	Contri	outions and grants (Part VIII, li	ne 1 h)		99,5	00	122,843
횰	9		m service revenue (Part VIII, li		, 0		. 0	
Revenue	10			(A), lines 3, 4, and 7d)		0		-70
걆	11					30,7	0.5	21,330
	12		revenue (Part VIII, column (A ),	lines 5, 6a, 8c, 9c, 10c, and 11e)		30,7		
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		12) .	evenue—add lines 8 through 11	(must equal Part VIII, column (A), lir	ne	130,2	0 5	144,103
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Firm's address ► 1401 COURT STREET

CLEARWATER, FL 337566146

May the IRS discuss this return with the preparer shown above? (see instructions)

Firm's name F CBIZ MHM LLC

Paid

Preparer

**Use Only** 

Check If self-employed

Firm's EIN 🕨 27-3605969

Phone no (727) 446-3058

✓ Yes ☐ No

orm	990 (2013)	Page <b>2</b>
Par	t III Statement of Program Service Accomplishments	F
1	Check if Schedule O contains a response or note to any line in this Part III	
_ ГО Р	ROMOTE CHARITABLE GIVING AND ASSIST CHARITABLE NONPROFIT ORGANIZATIONS IN MANAGING THEIR RESO E EFFECTIVELY WHEN USED TO AQUIRE GOODS AND SERVICES FROM OTHERS	URCES
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	No No
3	If "Yes," describe these new services on Schedule O  Did the organization cease conducting, or make significant changes in how it conducts, any program	
3	services?	<sup>7</sup> No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other the total expenses, and revenue, if any, for each program service reported	
	the total expenses, and revenue, if any, for each program service reported	
<b>4a</b>	(Code ) (Expenses \$ 40,292 including grants of \$ 9,353 ) (Revenue \$ ), 935 ) (Revenue \$ ).  CHARITABLE ALLIANCE NETWORK PROGRAM (THE "CAM" PROGRAM) CHARITY WORKS PROVIDES CHARITIES, OTHER NON-PROFIT ENTITIES AND SCHO ("MONPROFITS") WITH ACCESS TO SIGNIFICANTLY DISCOUNTED PRICES ON A BROAD RANGE OF PRODUCTS AND SERVICES THROUGH ITS PURCHASIN CALLED CHARITABLE ALLIANCE NETWORK (CAM). THROUGH THE DEVELOPMENT OF BENEFICIAL NETWORKS AND STRATEGIC ALLIANCES, PEOPLE ENIOY COLLADORATIVE ACTION THAT HELPS CREATE VALUE AND REDUCE OPPERATING COSTS THE CAN PROGRAM DIRECTLY BENEFITIS NONPROFITS BY PROVIDE PROGRAM FOR THE CAMPAIN OF THE CAMPAINS OF THE CAMPAIN OF THE CAMPAINS OF PROVIDERS OF THE CAMPAIN OF THE CAMPA	G PROGRAM  DING THE D GOCESS G RELIEVE G HAVE G A PROJECT ENTITIES CESS TO DODAY, A GAGENCIES CTS ROJECT NG AND RG AND RG FOR CESS TO RITY WITH FION'S COGNIZE ARTMENT OF E MAKING JUDE ENTITIES EGAL CHARITIES GIFTICATION AW ACTING O STATES ION NG DERIVED LL RE
4b	Give hope usa program in 2010, Charity works Launched a Wellness-Medical aid program called give hope usa. It was designed to temporary relief and wellness ald to the conomically disabovantaged and health-stressed families and individuals through local nonprofit agencies and schools. The goal is to strengthen the outreach efforts of others who are responsible for implementally programs and structured activities that promote hope, health and happiness. Each wellness-medical aid pack contains various prup to three categoriesfood supplements, personal hygiene products and over-the-counter medicines. It may contains various prup to three categoriesfood supplements, personal hygiene products and over-the-counter medicines. It may contains various prup to three categoriesfood supplements, personal hygiene products and over-the-counter medicines. It may contain a small parabout how to maintain a healthy diet for individuals luying on or beliow a poverty level income, a map containing a list of humanit assistance centers such as food banks, emergency shelters and free clinics, etc. Located throughout the tampa bay area, and of our clients in an effort to support the health and wellness needs of elementary students in title 1 schools, various educatic activities are used to promoter the program and the learning process for example, a public service announcement (psa) contest approaches by pinellas county schools in 2012 to teach the importance of good dental health. He grand prize for the winning sc a year's supply of free toothbrushes and travel caps for distribution by school nurses to its first and fourth graders to ensure the importance of good dental health. He grand prize for the winning sc and the importance of conscientious dental hydiene by providing the tool nurses to its first and fourth graders to use these lessons at his importance of conscientious dental hydiene by providing the tool nurses for pits first and fourth graders to use these lessons at his importance of conscientious dental hydiene by pro	PROVIDE SERVICING G RODUCTS IN MPHLET FARIAN FHER BASIC FHE NEEDS DNAL WAS CHOOL WAS RECEIVED E LESSONS DME A TOTAL E PROGRAM, NS S A ING E TTABLE D 4)
<b>4</b> c	(Code ) (Expenses \$ 3,702 including grants of \$ ) (Revenue \$ )  CARING PERKS PROGRAM CHARITY WORKS IS DEVELOPING A FRINGE BENEFIT AND CUSTOMER LOYALTY PROGRAM CALLED CARING PERKS THIS IS AN AND DISCOUNT CARD PROGRAM THAT PROMOTES THE GOODS AND SERVICES OF SELECTED RETAIL MERCHANTS THE OBJECTIVE IS TO ENCOURAGE M TO WORK AND/OR VOLUNTEER FOR A NONPROFIT ENTITY IN THEIR COMMUNITY THE PROGRAM IS DESIGNED TO RECOGNIZE THOSE PEOPLE WHO HA COMMITTED AND DEDICATED THEMSELVES TO PROVIDING VOLUNTARY COMMUNITY SERVICE TO ONE OR MORE QUALIFIED NONPROFITS AND REWARD PREFERRED STATUS, DISCOUNT PRIVILEGES, AND OTHER INCENTIVES OFFERED BY PARTICIPATING RETAIL MERCHANTS IN JANUARY 2013 OVER 100 ORGANIZATION'S VOLUNTEERS RECEIVED VIP PRIVILEGES CARDS WITH BENEFITS FROM THREE RETAIL BUSINESS PARTNERS THE CARING PERKS PROC THE DEVELOPMENT STAGE	IORE PEOPLE VE THEM WITH OF THE

(Code ) (Expenses \$ 1,481 including grants of \$ ) (Revenue \$ TEACH AND REACH PROGREAM THE TEACH AND REACH PROGRAM PROVIDES JOB TRAINING SERVICES AND JOB PLACEMENT FOR PEOPLE THAT ARE DISPLACED FROM THE WORKFORCE CHARITY WORKS' AMBITIOUS VENTURE STRIVES TO SERVE THE COMMUNITY BY RE-TRAINING DISPLACED WORKERS, ESPECIALLY THOSE WITH PHYSICAL OR EMOTIONAL CHALLENGES AS WELL AS THE AREAS SENIOR CITIZENS THIS VOCATIONAL PROGRAM ALSO INVOLVES THE ACTIVE PARTICIPATION OF LOCAL VOLUNTEERS AND STUDENT INTERNS MANY CANDIDATES ARE REFERRED TO OTHER NONPROFITS THAT HAVE TRAINING PROGRAMS THAT BETTER MATCH INDIVIDUAL NEEDS THE TEACH AND REACH PROGRAM ESTABLISHES PARTNERSHIPS WITH LOCAL COLLEGES AND OTHER NONPROFITS TO PROVIDE CHARITY WORKS WITH A DIVERSE GROUP OF CANDIDATES WHOSE VARIOUS BACKGROUNDS AND TALENTS ENRICH THE UNIQUE LEARNING ENVIRONMENT. THE BUSINESS CYCLE IS THE CORE FOCUS OF THE EXPERIENCE FROM BUYING PRODUCTS TO WAREHOUSING, SELLING AND PREPARING INVOICES, IT PROVIDES CANDIDATES WITH THE OPPORTUNITY TO LEARN NEW SKILLS AND APPLY INDIVIDUAL ABILITIES IN A LIVE BUSINESS SETTING. THIS PROGRAM SERVES TO SUPPORT CHARITY WORKS' COMMON GROUND PROJECT AND CAN PURCHASING PROGRAM AND ALSO FULFILL ITS MISSION OF HELPING THOSE WHO HELP OTHERS IN 2013, THE PROGRAM WAS DEDICATED TO WORKING WITH UNDERGRADUATE STUDENTS IN MARKETING AT THE UNIVERSITY OF SOUTH FLORIDA, COLLEGE OF BUSINESS

) (Revenue \$

d	Other program services	(Describe in Schedule O	)
	,		

Total program service expenses >

1,481 including grants of \$ (Expenses \$

art IV	Check	list of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 😼	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part $I$	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part $IV^{\square}$	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII"	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			1
		28a		Νο
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νo
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . $$	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	Yes	

Par	Statements Regarding Other 1RS Fillings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V		Yes	.l No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   5		163	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
-	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νo
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
_		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			NI -
	file Form 8282?	<b>7</b> c		No
a	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7</b> f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
0		8		
	Sponsoring organizations maintaining donor advised funds.	ا م		
	Did the organization make any taxable distributions under section 4966?	9a 9b		
		90		
10	Section 501(c)(7) organizations. Enter  Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
L <b>1</b>	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
L3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	ection A. Governing body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
6	Did the organization have members or stockholders?	6		Νo
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R		ie Cod	
	The section brequests information about policies het required by the Internative		Yes	No.
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		Yes	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		Yes	
b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
b 12a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		Yes Yes Yes	
b 12a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a 12a 12b	Yes Yes	
b 12a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	11a 12a 12b	Yes Yes Yes	
b 12a b c	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?	11a 12a 12b 12c 13	Yes Yes Yes	
b 12a b c 13	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?	11a 12a 12b	Yes Yes Yes	
b 12a b c 13 14 15	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	11a 12a 12b 12c 13	Yes Yes Yes Yes	
b 12a b c 13 14 15	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	11a 12a 12b 12c 13 14	Yes Yes Yes	
b 12a b c 13 14 15	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization	11a 12a 12b 12c 13	Yes Yes Yes Yes	No
b 12a b c 13 14 15	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	11a 12a 12b 12c 13 14	Yes Yes Yes Yes	No
b 12a b c 13 14 15 a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a 12a 12b 12c 13 14	Yes Yes Yes Yes	No
b 12a b c 13 14 15 a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a 12a 12b 12c 13 14 15a	Yes Yes Yes Yes	
b 12a b c 13 14 15 a b 16a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes	
b 12a b c 13 14 15 a b 16a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes	
b 12a b c 13 14 15 a b 16a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes	

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

interest policy, and financial statements available to the public during the tax year

### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter - 0 - in columns (D), (E), and (F) if no compensation was paid
  - ◆ List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

-										
(A) Name and Title	(A) Name and Title A verage hours per week (list any hours for related						k ess er	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)		Highest compensated employee  Key employee  Officer  Institutional Trustee or director  or director  solution of trustee or director  or director		Former	MISC)	MISC)	organization and related organizations		
(1) CHRIS RENFROW PRESIDENT/ DIRECTOR	40 00	×		х				60,000	0	6,119
(2) RUSTY MCCLELLAND VICE PRESIDENT/ DIRECTOR	1 00	х		х				0	0	0
(3) ELAINE WAHL TREASURER/SECRETARY/DIRECT	1 00	х		х				0	0	0
(4) JEANETTE G RENFROW DIRECTOR	1 00	х						0	0	0
(5) TERRY MCCOY DIRECTOR	1 00	х						0	0	0
										Form <b>990</b> (2013)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

		T									T			
	<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	more t	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					compensation com from the fro organization (W- organ		(E) Reportable compensation from related organizations (W	,_   '	(F) Estima mount of compens from t	ted fother ation he
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)		rganizati relate organiza	ed
												+		
						-						+		
						_						_		
								Ļ						
1b	Sub-Total				•			•				-		
C	Total from continuation sheet			١.	•	•	•			60,000		0		6,119
	Total (add lines 1b and 1c).  Total number of individuals (in	· · · ·		to the	350	licto.	d abov	- N	ho receive			<u> </u>		0,119
2	\$100,000 of reportable compe						u abov	C) W	no receive	a more ti	iaii			
													Yes	
3	Did the organization list any <b>f</b> oon line 1a? <i>If "Yes," complete S</i>						emplo	yee,	, or highes	t compen	sated employee	3		N o
4	For any individual listed on line organization and related organ													
_	individual			•	•	•		•				4		N o
5	Did any person listed on line 1 services rendered to the organ									anization • • •	or individual for	5		No
Se	ection B. Independent Co	ntractors												
1	Complete this table for your five compensation from the organization	ve highest comp											tax vear	
		(A)						, c			(B)		(C	)
		lame and business	auuress							Des	cription of services		Comper	isation
												_		

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization  $\blacktriangleright 0$ 

Part V	4 + + 4	Statement of Revenue	u line in this Dort VIII			_
	Γ.	Check if Schedule O contains a response or note to an	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512-514
के के	1a	Federated campaigns 1a	_			
an an	ь	Membership dues 1b				
وَ فِي	c	Fundraising events 1c 64,50	09			
iffs ar /	d	Related organizations 1d				
ons, Giffs, Grants Similar Amounts	e	Government grants (contributions) 1e	_			
	f	All other contributions, gifts, grants, and similar amounts not included above	34			
tributic Other	g	Noncash contributions included in lines 36,9.	38	İ		
Cont	h	Total. Add lines 1a-1f	122,843			
		Business Cod	•			
III e	2a	Busiliess Cou	=			
e ve	ь					
Program Service Revenue	c					
¥.	d					
å =	e					
Te Ti	f	All other program service revenue				
<u>₹</u>		Total. Add lines 2a – 2f				
	g 3	Investment income (including dividends, interest,				
		and other similar amounts)				
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				<del>                                     </del>
	6a	(I) Real (II) Personal Gross rents	_			
	ь	Less rental				
	<sub>c</sub>	expenses Rental income	$\dashv$			
	d	or (loss)  Net rental income or (loss)	_			
	"	(i) Securities (ii) Other				
	7a					
	b	other basis and sales expenses	70			
	С	` '	-70			
	d	Net gain or (loss)	-70			-70
Other Revenue	8a	Gross income from fundraising events (not including \$64,509 of contributions reported on line 1c) See Part IV, line 18				
÷ cc		a 70,5	84			
фe	ь	Less direct expenses b 51,5	<del></del>			
0	c	Net income or (loss) from fundraising events	19,007			19,007
	9a	Gross income from gaming activities See Part IV, line 19 a				
	ь	Less direct expenses b				
		Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances . a 26,3	84			
	ь	Less cost of goods sold <b>b</b> 24,0	61			
	С	Net income or (loss) from sales of inventory	2,323	2,323		
		Miscellaneous Revenue Business Cod	e			
	11a					
	Ь					
	C					
		All other revenue				
	e		•			
	12	<b>Total revenue.</b> See Instructions	144,103	2,323		18,937

25

26

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined  $education al\ campaign\ and\ fundraising\ solicitation\ \ Check$ here ► [ If following SOP 98-2 (ASC 958-720)

	990 (2013)				Page <b>10</b>
	Statement of Functional Expenses	other ergenizet	ione much com	oloto column (A.)	
ec tre	on 501(c)(3) and 501(c)(4) organizations must complete all columns. All				
	Check if Schedule O contains a response or note to any line in this		(B)	(c)	<u>.</u>
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	29,233	29,233		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	66,119	49,589	6,612	9,918
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	6,365	4,456	318	1,591
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes	5,077	3,783	484	810
1	Fees for services (non-employees)				
а	Management				
b	Legal				
C	Accounting	5,686		5,686	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on	1 712		1.712	
_	Schedule O)	1,712	277	1,712	
2	Advertising and promotion	1,656	277	568	811
3	Office expenses	22,106	6,357		10,751
4 -	Information technology	3,840	1,885	1,077	878
5	Royalties	12.200	5.000	7.000	
6 7	Occupancy	13,200	5,280	· •	200
7 8	Payments of travel or entertainment expenses for any federal,	3,380	1,467	1,517	396
9	state, or local public officials	2,947	559	1,589	799
0	Interest	1,559	339	1,559	799
1	Payments to affiliates	1,539		1,559	
2	Depreciation, depletion, and amortization	301	120	151	30
2 3	Insurance	2,133	269	1,864	30
4	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	2,133	269	1,864	
а	, , , , , , , , , , , , , , , , , , , ,				
b					
c					
d		1			
	All other expenses				
_			i .		

165,314

103,275

25,984

36,055

Part X Balance Sheet

					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing		•	4,852	1	9,021
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		•		3	
	4	Accounts receivable, net			2,583	4	3,883
Assets	5	Loans and other receivables from current and former officers, dire employees, and highest compensated employees. Complete Part Schedule L		trustees, key •		5	
	6	Loans and other receivables from other disqualified persons (as a 4958(f)(1)), persons described in section 4958(c)(3)(B), and co and sponsoring organizations of section $501(c)(9)$ voluntary emporganizations (see instructions) Complete Part II of Schedule L	ntrıbutı	ng employers		6	
Š	7	Notes and loans receivable, net				7	
⋖	8	Inventories for sale or use			17,545	8	8,026
	9	Prepaid expenses and deferred charges			1,136	9	1,104
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	15,834			
	ь	Less accumulated depreciation	10b	15,493	712	<b>10</b> c	341
	11	Investments—publicly traded securities	<u> </u>			11	
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			26,828	16	22,375
	17	Accounts payable and accrued expenses			670,699	17	687,457
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
2 <b>6</b>	21	Escrow or custodial account liability Complete Part IV of Schedi	ule D .			21	
lities	22	Loans and other payables to current and former officers, directors key employees, highest compensated employees, and disqualifie	s, truste				
[[ge]]		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties .		•		24	
	25	Other liabilities (including federal income tax, payables to related and other liabilities not included on lines 17-24) Complete Part	X of Sc	hedule			
		D			200 555	25	
	26	Total liabilities. Add lines 17 through 25			670,699	26	687,457
Λ Φ Σ		Organizations that follow SFAS 117 (ASC 958), check here ▶   lines 27 through 29, and lines 33 and 34.	and co	mplete			
<u> </u>	27	Unrestricted net assets		-	-643,871	27	-665,082
D	28	Temporarily restricted net assets		•		28	
Ξ	29	Permanently restricted net assets		•		29	
Assets of Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34.	e ► ┌	and			
9	30	Capital stock or trust principal, or current funds				30	
Ď	31	Paid-in or capital surplus, or land, building or equipment fund .				31	
	32	Retained earnings, endowment, accumulated income, or other fun	ds			32	
ž	33	Total net assets or fund balances			-643,871	33	-665,082
_	34	Total liabilities and net assets/fund balances		•	26,828	34	22,375

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1	.44,103
2	Total expenses (must equal Part IX, column (A), line 25)	2		1	.65,314
3	Revenue less expenses Subtract line 2 from line 1	3			-21,211
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		-6	543,871
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		- 6	65,082
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed or	ו		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	arate			
	▼ Separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of th	e <b>2c</b>	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain is Schedule O	n		ii	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	е	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

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**SCHEDULE A** 

(Form 990 or 990EZ)

Internal Revenue Service

Treasury

Department of the

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1)nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public **Inspection** 

Name	of	the	org	jan	iza	ti	io	1
CHART	ΥV	VORK	SIN	IC.				

**Employer identification number** 

									59-33844		
	rt I			blic Charity Sta						nstructions	
⊺he	organı	zatıon ıs	not a privat	e foundation becaus	eıtıs (Forl	ınes 1 throu	ıgh 11, check	only one b	ox)		
1	Γ	A churc	ch, conventi	on of churches, or a	ssociation of	churches d	escribed in <b>s</b> e	ection 170(	b)(1)(A)(i).		
2	Γ	A scho	ool described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E )								
3	Γ	A hosp	ital or a coo	perative hospital se	rvice organiz	atıon descr	ıbed ın <b>sectio</b>	n 170(b)(1	)(A)(iii).		
4	Γ	A medi	cal research	n organization operat	ted ın conjun	ction with a	hospital des	rıbed ın <b>se</b>	ction 170(b)(	<b>1)(A)(iii).</b> E	nter the
_	_			ty, and state							<del></del>
5	ı	_	•	erated for the benefi	_	or universi	ty owned or o	perated by	a governmen	tal unit desc	ribed in
	_			A)(iv). (Complete P	•						
6	<u> </u>			local government or	3			. , .	,, ,, ,		
7	Г			at normally receives			support from	a governm	ental unit or f	rom the gen	eral public
8	Г			on 170(b)(1)(A)(vi). described in <b>sectior</b>			nplete Part II	)			
9	Ţ		-	at normally receives			-	-	butions, mem	bership fees	and gross
	,	_		ities related to its ex					=		-
		· · ·		oss investment inco	•	=					
			_	ganızatıon after June						•	
10	Г			ganized and operated							
11	Г			ganized and operated						o carry out	the purposes of
	·			ly supported organiz						ee <b>section 5</b>	<b>09(a)(3).</b> Check
				bes the type of supp						6	II
	_			b							
е	ı	•		ox, I certify that the on managers and otl	_		,		, ,	•	•
			509(a)(2)	on managers and oc	ner than one	or more par	mery support	ca organiza	icions desemb	ed III Section	11 303(4)(1) 01
f				received a written de	etermination	from the $\ensuremath{IR}$	S that it is a	Туре I, Тур	e II, or Type	III support	ing organizatio <u>n,</u>
			his box	2006				<b>.</b>			J
g			vugust 17, 2 ig persons?	2006, has the organi	zation accep	oted any girt	or contributi	on from any	or the		
			<b>.</b>	rectly or indirectly o	ontrols, eith	er alone or t	together with	persons de	scribed in (ii)	)	Yes No
		and (III	) below, the	governing body of th	e supported	organizatioi	n?			11g	(i)
		(ii) A fa	amily memb	er of a person descr	bed in (i) abo	ove?				11g	(ii)
		(iii) A	35% contro	lled entity of a perso	n described	ın (ı) or (ıı) a	above?			11g	(iii)
h		Provide	the following	ng information about	the supporte	ed organizat	ion(s)				
•	i) Nam		(ii) EIN	(iii) Type of	( <b>iv)</b> Is t		(v) Did you	•	(vi) Is		(vii) A mount of
	suppor			organization	organizati		the organiz		organizat		monetary
0	rganiza	ation		(described on lines 1- 9 above	col (i) list your gove		ın col (i) o suppor		col (i) org		support
				or IRC section	docume	_	Заррог	•	"" נווי נווי	J	
				(see							
	instructions)) Yes No Yes No										
T-4-						1			1	1	<del>                                     </del>

Sch	edule A (Form 990 or 990-EZ) 2013						Page <b>2</b>
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation failed	to qualify under
_	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	low, please con	iplete Part .	.111.)
	endar year (or fiscal year beginning	(-) 2000	(1-) 2010	(-) 2011	(4) 2012	(-) 201	(5) T. I.
	in) ►	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 201:	3 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual						
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its						
3	behalf The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	<b>Public support.</b> Subtract line 5 from line 4						
S	ection B. Total Support	I	<u> </u>		I		I
	endar year (or fiscal year beginning	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	in) ►	(a) 2009	( <b>b)</b> 2010	(6) 2011	(u) 2012	(e) 2013	(I) I otal
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
	business activities, whether or not the business is regularly carried						
	on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV )						
11	<b>Total support</b> (Add lines 7 through 10)						
12	Gross receipts from related activities	es, etc (see inst	ructions)	•		12	1
13	First five years. If the Form 990 is t	for the organizati	on's first, second	l, thırd, fourth, or	fifth tax year as a	501(c)(3) o	rganızatıon, check
	this box and stop here				<u> </u>	<u> </u>	<u></u>
	ection C. Computation of Pub			4.4 1 (5)			
14	Public support percentage for 2013			11, column (f))		14	
15	Public support percentage for 2012	· ·	•			15	_
16a	33 1/3% support test—2013. If the condition have				line 14 is 33 1/3%	or more, che	ck this box
b	and <b>stop here.</b> The organization qua <b>33</b> 1/3% <b>support test—2012.</b> If the				and line 15 is 33	8 1/3% or more	
	box and <b>stop here.</b> The organization				, 10 00	. 40.001111011	► F
17a	10%-facts-and-circumstances test-	<b>-2013.</b> If the org	anızatıon dıd not	check a box on lı			
	is 10% or more, and if the organizat						
	in Part IV how the organization mee	ts the "facts-and	d-circumstances'	test The organ	ızatıon qualıfıes a	s a publicly s	
Ь	organization 10%-facts-and-circumstances test-	<b>-2012</b> . If the ora	anization did not	check a hov on li	ne 13 16a 16b	or 17a and L	<b>▶</b> 厂
	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat						ublicly
	supported organization				4-71		<b>▶</b> □
18	<b>Private foundation.</b> If the organizat instructions	ion aid not check	k a box on line 13	, 16a, 16b, 1/a,	or 1/p, check thi	s pox and se	e ▶□
							г,

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	ction A. Public Support		•		, ,	•	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	<b>(d)</b> 2012	<b>(e)</b> 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	144,376	158,983	141,805	99,500	122,	843 667,507
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	115,429	64,924	105,827	109,277	96,	968 492,425
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	259,805	223,907	247,632	208,777	219,	811 1,159,932
7a	A mounts included on lines 1, 2, and 3 received from disqualified persons	8,371	10,080	425	950	21,	700 41,526
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						0
_	amount on line 13 for the year Add lines 7a and 7b	8,371	10,080	425	950	21,	700 41,526
8	Public support (Subtract line 7c from line 6)	0,371	10,000	123	330	21,	1,118,406
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	<b>(a)</b> 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
9	in) ► A mounts from line 6	259,805	223,907	247,632	208,777	219,8	311 1,159,932
10a	Gross income from interest, dividends, payments received on	233,003	223,307	217,652	200,777	213)	1,133,332
	securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)	259,805	223,907	247,632	208,777	219,8	1,159,932
14	First five years. If the Form 990 is check this box and stop here			, thırd, fourth, or f	ifth tax year as a	501(c)(3) or	ganization,
	ction C. Computation of Pub						
15	Public support percentage for 2013		•	13, column (f))		15	96 420 %
16	Public support percentage from 201	-	•			16	98 120 %
	ction D. Computation of Investment income percentage for 3				n (f))	1-1	
17 10	· · · · · · · · · · · · · · · · · · ·				II (1 <i>))</i>	17	0 %
18	Investment income percentage from					18	
19a b	33 1/3% support tests—2013. If the more than 33 1/3%, check this box a 33 1/3% support tests—2012. If the	and <b>stop here.</b> The	organization qu	alıfıes as a publıc	ly supported org	anızatıon	<b>▶</b>  ▼

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).						
		Facts And Circumstances Test					
Return Reference Explanation							
		Schodulo A / Form 000 o	000 E7) 201				

Schedule A (Form 990 or 990-EZ) 2013

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### DLN: 93493321083144

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions. ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

**Supplemental Financial Statements** 

Open to Public

emai Re	evenue Service   und its instruct			Inspection
	e of the organization ITY WORKS INC			oloyer identification number
Part	Organizations Maintaining Donor Adv	vised Funds or Other Similar F		3384413
- (-   1	organization answered "Yes" to Form 990		unus	or Accounts. Complete if the
		(a) Donor advised funds		(b) Funds and other accounts
	otal number at end of year			
<u> </u>	ggregate contributions to (during year)			
	ggregate grants from (during year)			
l A	ggregate value at end of year			
	Old the organization inform all donors and donor advis- unds are the organization's property, subject to the o		nor adv	rsed <b>Yes No</b>
ι	Old the organization inform all grantees, donors, and d ised only for charitable purposes and not for the bene conferring impermissible private benefit?			
art	Conservation Easements. Complete if	the organization answered "Yes"	to Forn	n 990, Part IV, line 7.
Γ Γ	Purpose(s) of conservation easements held by the org Preservation of land for public use (e g , recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a	or education)  Preservation of a Preservation of a	certifie	d historic structure
	easement on the last day of the tax year	a qualified conservation contribution in	the loth	ii oi a conservation
				Held at the End of the Year
a T	Total number of conservation easements		2a	
<b>)</b> T	Total acreage restricted by conservation easements		2b	
: 1	Number of conservation easements on a certified histo	oric structure included in (a)	2c	
	Number of conservation easements included in (c) acc nistoric structure listed in the National Register	2d		
	Number of conservation easements modified, transfering the tax year 🛌	red, released, extinguished, or terminat	ed by th	ne organization during
N	Number of states where property subject to conservat	ion easement is located 🛌		
	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, har	ndling of	f violations, and <b>Yes No</b>
S	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation ease	ments o	during the year
	Amount of expenses incurred in monitoring, inspecting	g, and enforcing conservation easement	ts durin	g the year
	Does each conservation easement reported on line 2(and section 170(h)(4)(B)(ii)?	d) above satisfy the requirements of se	ction 17	70(h)(4)(B)(ı) <b>Yes No</b>
b	n Part XIII, describe how the organization reports copalance sheet, and include, if applicable, the text of the organization's accounting for conservation easeme	e footnote to the organization's financia		
art	Organizations Maintaining Collection Complete if the organization answered "Y		or Ot	her Similar Assets.
v	f the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide, in Part XIII, the text of the footnote t	ets held for public exhibition, education,	, or rese	earch in furtherance of public
<b>ь</b> І	f the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide the following amounts relating to thes	.16 (ASC 958), to report in its revenue ets held for public exhibition, education,	statem	nent and balance sheet
(	(i) Revenues included in Form 990, Part VIII, line 1			<b>▶</b> \$
(	ii) Assets included in Form 990, Part X			<b>▶</b> \$
I	If the organization received or held works of art, historiollowing amounts required to be reported under SFAS			
) F	Revenues included in Form 990, Part VIII, line 1			<b>▶</b> \$
				· T
- <i>F</i>	Assets included in Form 990, Part X			F >

Par	<b>Tit</b> Organizations Maintaining Co	llections of Art,	, Hist	<u>ori</u>	<u>cal Tr</u>	<u>easur</u>	es, or C	<u> </u>	Similar	<u> Asse</u>	ts (co	<u>ntınued)</u>
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other record	ds, che	ecka	any of t	he follo	wing that	are a	sıgnıfıcant	use of	ıts	
а	Public exhibition		d	$\sqcap$	Loan	or exch	ange prog	rams				
b	Scholarly research		e	$\Gamma$	Other	-						
c	Preservation for future generations											
4	Provide a description of the organization's co Part XIII	ollections and explai	n how	they	/ furthe	er the or	ganızatıoı	n's ex	empt purpo	ose in		
5	During the year, did the organization solicit of								lar	_		_
	assets to be sold to raise funds rather than t										Yes	No
Par	Part IV, line 9, or reported an an						answere	eu re	es to For	111 990	,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other interme	dıary f	orc	ontribu	itions or	r other as:	sets n	ot	Γ,	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	II and complete the	followi	ng t	able		-					
							-			Amou	nt	
С	Beginning balance						-	1c				
d	Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?							Γ,	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	explar	natio	on has	been pr	ovided in	Part >	(III			Г
Pa	rt V Endowment Funds. Complete											
		(a)Current year	<b>(b)</b> P						hree years b		Four ye	ears back
1a	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains, and losses											
d	Grants or scholarships							1				
e	Other expenditures for facilities											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the cur	rent year end balanc	e (line	1g,	colum	n (a)) h	eld as					
а	Board designated or quasi-endowment ▶											
b	Permanent endowment -											
c	Temporarily restricted endowment ►											
	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%										
За	Are there endowment funds not in the posses	ssion of the organiza	ition th	nat a	re held	d and ad	lmınıstere	d for t	:he			
	organization by								Ī	2-(3)	Yes	No
	(i) unrelated organizations			•				•		3a(i) 3a(ii)		
b	(ii) related organizations									3b		
4	Describe in Part XIII the intended uses of the							•		56		
	t VI Land, Buildings, and Equipme	=				n answ	ered 'Ye:	s' to	orm 990	. Part	IV. lır	 ne
	11a. See Form 990, Part X, line									,		
	Description of property				a) Cost o sıs (ınve	or other estment)	(b)Cost o basis (of		(c) Accun depreci		( <b>d)</b> B	ook value
1a	Land										Ĺ	
b	Buildings											
С	Leasehold improvements											
d	Equipment							15,834		15,493		341
	Other											
	I. Add lines 1a through 1e <i>(Column (d) must e</i>			•			•		<del></del>		+	341

See Form 990, Part X, line 12.  (a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	(2)2001. Turus	Cost or end-of-year market value
(1) Financial derivatives		
(2)Closely-held equity interests Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<b>F</b>	
Part VIII Investments—Program Related. C	omplete ıf the organızatı	ion answered 'Yes' to Form 990, Part IV, line 11c.
See Form 990, Part X, line 13.  (a) Description of investment	(b) Book value	(c) Method of valuation
(a) Description of investment	(b) Book value	Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<b>+</b>	
Part IX Other Assets. Complete if the organization		
(a) Descr	ription	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1		
<b>Part X Other Liabilities.</b> Complete if the organization of the organization of the property	anization answered 'Yes'	to Form 990, Part IV, line 11e or 11f. See
1 (a) Description of liability	(b) Book value	
Federal income taxes		
		-
	1	4
	+	-
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	<u> </u>	†
Total (Column (b) mast equal form 330, fart A, coll b) mic 23 /		

Par		<b>evenue per Audited Financial Sta</b> vered 'Yes' to Form 990, Part IV, line :		nts With Revenu	e per R	<b>Leturn</b> Complete If
1	<u>-</u>	r support per audited financial statements			1	275,774
2	Amounts included on line 1 bu	t not on Form 990, Part VIII, line 12				
а	Net unrealized gains on invest	ments	2a			
b	Donated services and use of fa	acılıtıes	2b	131,6	01	
c	Recoveries of prior year grants	5	2c			
d	Other (Describe in Part XIII )		2d		70	
e	Add lines <b>2a</b> through <b>2d .</b>		<del></del>		. 2e	131,671
3	Subtract line ${f 2e}$ from line ${f 1}$ .				3	144,103
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line <b>1</b>				
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII )		4b			
c	Add lines <b>4a</b> and <b>4b</b>				4c	0
5	Total revenue Add lines 3 and	<b>4c.</b> (This must equal Form 990, Part I, line	12)		5	144,103
Part		xpenses per Audited Financial Sta swered 'Yes' to Form 990, Part IV, lind		nts With Expens	es per	Return. Complete
1	Total expenses and losses per	audited financial statements			1	296,985
2	Amounts included on line 1 bu	t not on Form 990, Part IX, line 25				
а	Donated services and use of fa	acılıtıes	2a	131,6	01	
b	Prior year adjustments		2b			
c	Otherlosses		2c			
d	Other (Describe in Part XIII )		2d		70	
e	Add lines <b>2a</b> through <b>2d</b>				. 2e	131,671
3	Subtract line ${f 2e}$ from line ${f 1}$ .				3	165,314
4	Amounts included on Form 99	0, Part IX, line 25, but not on line <b>1:</b>				
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII )		4b			
c	Add lines <b>4a</b> and <b>4b</b>				4c	0
5	Total expenses Add lines <b>3</b> ar	nd <b>4c.</b> (This must equal Form 990, Part I, lii	ne 18 )		5	165,314
Part	Supplemental Inf	ormation			•	
Part		Part II, lines 3, 5, and 9, Part III, lines 1a, lines 2d and 4b, and Part XII, lines 2d and				de any additional
	Return Reference	Explanation				
	XI, LINE 2D - OTHER STMENTS	LOSS ON ASSET DISPOSAL 70				
	XII, LINE 2D - OTHER STMENTS	LOSS ON ASSET DISPOSAL 70				
		+				

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

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OMB No 1545-0047

**SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

**Fundraising or Gaming Activities** Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

**Supplemental Information Regarding** 

Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

ame of the organization						Employer iden	tification number
TARITY WORKS INC						59-3384413	
	<b>ivities.</b> Complete s are not required			on answered "Yes" part.	to Form	990, Part IV	, line 17.
Indicate whether the organization raised funds through any of the form a Mail solicitations e b Internet and email solicitations f c Phone solicitations g d In-person solicitations				Solicitation of non-government grants Solicitation of government grants Special fundraising events			
or key employees listed in  b If "Yes," list the ten highes to be compensated at leas	Form 990, Part VII) st paid individuals or	or entity entities (1	ın connec	tion with professional f	fundraısır	ig services?	<b>TYes N</b> ondraiser is
(i) Name and address of ındıvıdual or entity (fundraiser)	(ii) Activity	fundrais custo cont contrib	Did ser have ody or rol of utions?	(iv) Gross receipts from activity	(or re fundra	nount paid to etained by) iser listed in col (i)	(vi) A mount paid to (or retained by) organization
1		Yes	No				
2							
3							
4							
5							
6							
7							
8							
9							
0							
otal			<b>.</b>				
List all states in which the registration or licensing	organization is regist	ered or li	censed to	solicit contributions o	r has bee	n notified it is	exempt from

Sche	dule	e G (Form 990 or 990-EZ) 2013				Page 2			
Pai	rt II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts of	aising event contribut						
		<u> </u>	(a) Event #1  DINNER/AUCTION	(b) Event #2  GOLF EVENT	(c) O ther events	(d) Total events (add col (a) through col (c))			
			(event type)	(event type)	(total number)				
Revenue	1	Gross receipts	93,26	34,711	. 7,120	135,093			
eve.	2	Less Contributions	49,30	12,751	. 2,455	64,509			
	3	Gross income (line 1 minus line 2)	43,959	9 21,960	4,665	70,584			
	4	Cash prizes							
မွာ	5	Noncash prizes	13,178	2,546		15,724			
Expenses	6	Rent/facility costs		8,928	3	8,928			
ă	7	Food and beverages .	9,45	3 4,518	840	14,811			
Direct	8	Entertainment							
à	9	Other direct expenses .	4,906	7,128	80	12,114			
	10	Direct expense summary Add lir	nes 4 through 9 in columr	n (d)		(51,577)			
	11	Net income summary Subtract li			•	19,007			
Par	t II			"Yes" to Form 990, Pa	rt IV, line 19, or repo	l .			
Revenue		\$15,000 on Form 990-EZ, li	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))			
<u>₹</u>	1	Gross revenue							
ses	2	Cash prizes							
sesuedy	3	Non-cash prizes							
Direct B	4	Rent/facility costs							
ے	5	Other direct expenses							
	6	Volunteerlabor		┌ Yes % No	┌ Yes %				
	7	7 Direct expense summary Add lines 2 through 5 in column (d)							
	8	Net gaming income summary Sub	tract line 7 from line 1, co	olumn (d)					
9 a b	Is	ter the state(s) in which the organiz the organization licensed to operate 'No," explain	e gaming activities in eac	h of these states?					
10a b		re any of the organization's gaming	licenses revoked, susper	nded or terminated during					

						1:
Does	s the organization operate gaming activi	ties with nonmember	rs?	Г	Yes No	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity						
	formed to administer charitable gaming	g <sup>,</sup>			· Fyes F	No No
13	Indicate the percentage of gaming act	ivity operated in				
а	The organization's facility					%
b	An outside facility			13b		%
14	Enter the name and address of the per	son who prepares the	e organization's gaming/special ev	ents books and recor	ds	
	Name <b>▶</b>					
	Address 🟲					
15a b	Does the organization have a contract revenue?	••••••••••••••••••••••••••••••••••••••	he organization 🟲 \$		· 「Yes「	– No
	amount of gaming revenue retained by	the third party 🟲 \$ _				
C	If "Yes," enter name and address of th	e third party				
	Name ▶					
	Address ►					
16	Gaming manager information					
	Name 🕨					
	Gaming manager compensation ► \$					
	Description of services provided					
	Director/officer	Employee	☐ Independent con	tractor		
17	Mandatory distributions					
а	Is the organization required under stat	e law to make charit	able distributions from the gaming	proceeds to		
	retain the state gaming license?				Г <sub>Yes</sub> Г	<del>-</del> No
b	Enter the amount of distributions requi	red under state law o	dıstrıbuted to other exempt organı	zations or spent		
	ın the organızatıon's own exempt actıv	ities during the tax y	⁄ear► \$			
Pai		5b, 15c, 16, and 17	xplanations required by Part I 7b, as applicable. Also comple			and
	Return Reference		Explanati	on		
		<u> </u>		Schodulo G /For	000 a - 000 F	7) 2012

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## **SCHEDULE M** (Form 990)

Department of the Treasury

Internal Revenue Service

**Noncash Contributions** ▶Complete if the organizations answered "Yes" on Form

990, Part IV, lines 29 or 30. ► Attach to Form 990.

▶Information about Schedule M (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>. Name of the organization CHARITY WORKS INC

**Employer identification number** 

				59	-3384413			
Ρē	rt I Types of Property							
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of o noncash contri		_	nts
1	Art—Works of art	Х	10	1,380	AMOUNT PAID-	AUCT:	ION	
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications	X		1,552	FAIR MARKET V	ALUE		
5	Clothing and household goods							
6	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .							
	Securities—Closely held stock .							
	Securities—Partnership, LLC, or trust interests							
	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
UN	Other►( DRAISING S)	. X	80		FAIR MARKET V			
HE A	Other►( ALTH CARE I )	. X	7		FAIR MARKET V			
	Other►( CTRONICS)	. X	2	4,900	FAIR MARKET V	4 L U E		
	Other►( ICE SUPPLI)	. X	6		FAIR MARKET V			
ΕW	Other►( ELRY)	. X	4		AMOUNT PAID-			
	Other►( YCLES)	X	1		AMOUNT PAID-	AUCT:	ION	
29	Number of Forms 8283 received by the for which the organization completed F				9		Yes	No
30a	During the year, did the organization it must hold for at least three years from the entire ho	om the date	e of the initial contribution,			30a	103	No
b	If "Yes," describe the arrangement in							.,,
	Does the organization have a gift acc		licy that requires the revie	w of any non-standard co	ntributions?	31		No
32a	Does the organization hire or use thir contributions?	d parties or	related organizations to s	olicit, process, or sell noi	ncash 	32a		No
	If "Yes," describe in Part II  If the organization did not report an a	mount in co	olumn (c) for a type of prop	erty for which column (a)	ıs checked.			

describe in Part II

Part II

Supplemental Information. Provide the information required by Part I, lines 30b,

32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference Explanation

Schedule M (Form 990) (2013)

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**SCHEDULE 0** 

(Form 990 or 990-EZ)

Name of the organization CHARITY WORKS INC

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493321083144

Employer identification number

59-3384413

OMB No 1545-0047

2013

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# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

990 Schedule O, Supplemental Information

Return Reference	Explanation				
FORM 990, PART VI, SECTION A, LINE 2	CHRIS RENFROW AND JEANETTE RENFROW ARE MARRIED				
FORM 990, PART VI, SECTION B, LINE 11	THE RETURN IS PREPARED BY A CPA FIRM ONCE THE RETURN IS PREPARED, IT IS REVIEWED BY THE BOARD OF DIRECTORS PRIOR TO FILING				
FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICT OF INTEREST POLICY COVERS ALL DIRECTORS EACH OF THESE INDIVIDUALS IS REQUIRE D TO INFORM THE BOARD OF DIRECTORS REGARDING ANY TRANSACTION FROM WHICH A PERSON MIGHT BEN EFIT AS WELL AS RELATIONSHIPS WITH ANY OTHER OFFICERS, DIRECTORS OR KEY EMPLOYEES OR RELAT ED ORGANIZATIONS INDIVIDUALS ARE ASKED TO INFORM THE BOARD OF CHANGES AS THEY OCCUR THE BOARD CHAIR REVIEWS ALL RESPONSES				
FORM 990, PART VI, SECTION B, LINE 15A	THE BOARD OF DIRECTORS ANNUALLY REVIEWS THE PERFORMANCE OF THE TOP MANAGEMENT OFFICIAL THR OUGH AN ANNUAL PERFORMANCE REVIEW THE BOARD CONSIDERS THIS REVIEW AND MARKET CONDITIONS W HEN DETERMINING THE COMPENSATION AMOUNT				
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, INCLUDING THE FORM 990, ARE AVAILABLE UPON REQUEST				